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Research Article

IDIOPATHIC GRANULOMATOUS MASTITIS, A BREAST DISEASE, OCCURS IN WOMEN, STUDY OF TROUBLE OF TREATMENT OF THIS DISEASE IN CHINESE WOMEN¹Anwar khan, ²Nimbra Ishfaq¹PIMS, anwarkhanmehsud28@gmail.com, ²Federal Government Polyclinic Hospital, nimbraishfaq0000@gmail.com

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Abstract:**Objective:**

Idiopathic granulomatous mastitis, a breast disease which often occurs in women. Some studies and according to the media sources it is obtained that the treatment of this disease is always in trouble. In some studies, it is obtained that with the proper treatment of doctor and through some medicines this disease can be cured affectionately.

Methods:

Total above eighty women participated in this study, the data is obtained from different hospitals in Pakistan. After the cure, the result is obtained that through the proper method how many women were cured completely and how much percentage that this disease come back to the patient again.

Findings:

A total of eighty-five women participated in this study. The age of women is from twenty-three to fifty-four. All the patients suffering from this disease above fifty percent of patients have pain in the breast. And above fifty-five percent of the patient suffer from swelling and above four percent of a patient have another disease. The total duration of monitoring the patients is from nine to fifty months after the cure ness or before the cure. Above thirty percent patients undergoing surgery and above thirty percent of patients give high range of dose and low dose with the drainage given to fifteen percent of patients.

Conclusion:

In this study, three methods are used to cure breast disease, first one is the high dose, second one is the low dose with drainage and third is the surgery. In this study, we conclude that the method named low dose along with the drainage is a more effective method and perfect method. This method has side effects but this method is effective as compared to other two methods.

Keywords: *Surgery, Drainage, Analysis, Idiopathic.*

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INTRODUCTION:

Idiopathic granulomatous mastitis is an infection that occurs at the breast of women [1]. This infection occurs due to the milk flow in the breast [2]. The cause of this infection is not highlighted yet [3]. Many methods introduce to cure this disease [4]. The methods include high dose and low dose with drainage and others through an operation [5]. The chances of again this disease affecting the same person are about five to fifty percent [6]. After the operation above fifty percent of the case was reported again [7]. Breast infection milking is the most common cause of again affect [8]. The main goal of this study is to find the results of the three ways of treating this disease [9]. These ways include high dose medication and surgery and low dose medication with drainage [10].

MATERIALS AND METHODS:

Above eighty percent of the patients present in the Hospital of Pakistan. The date of this study is from July 2014 to March 2021. This breast infection is not common so only the above hundred victims had asked to report at the main centre during our analysis. Above twenty-five percent of patients given the high dose and the above seventeen patients are new comers. And above nine percent of patients are given the low dose with drainage. The patients whose given the high dose causes weight gain and other chemical changes and the patients who are given the low dose with the drainage have no weight gain but have another side effect. The patients whose treatment method is low dose curing perfectly.

Data analysis:

The number of patients suffering from breast pain is about forty percent. The smokers are zero in this study and the patients suffering from mouth hygiene is about fourteen percent. And the number of patients who are involved in breastfeeding is about sixty-four percent and the patients who are not involved in breastfeeding are about above twenty-two percent. The weight of the patient is an average of thirty. The patients weighed above thirty or equal to thirty is about thirty-nine percent and the patients weighted below thirty kg are about forty percent. The patients have serum prolactin levels normal of about thirty-one and the patient serum prolactin level is high about fifty-six percent.

RESULTS:

Above the eighty percent of patients involved in this study who are suffering from this type of breast disease the time of this study is 2014 to 2021. This type of disease is not very common so only the above thirteen hundred patients reported to the main centre

according to the data it is observed that patients aged greater than twenty-five are about 26 years and above seventy percent of the patient between the twenty-five and forty years. In this study, no patient involved in smoking above seventy-five percent of the patient has a breastfeeding background above forty percent of the patients felt pain in the breast. Above fifty percent of the patient suffer from skin problems. The patient who's given the high dose this method includes unexpected results including pain in the head and gas problems and its effects also include stomach pain. Of the patients whose given a low dose of drainage, fewer number patients got unexpected results only fewer of them gained weight and only fewer of them suffered from stomach pain after the treatment. It concludes that the patient who got the treatment low dose with the drainage have low side effects as compared to other patients.

DISCUSSION:

Disease called Idiopathic granulomatous mastitis, a breast disease which occurs in the women [11]. In some studies and according to the media sources it is obtained that the treatment of this disease is always in trouble [12]. This type of disease is not very common so only the above thirteen hundred patients reported to the main centre according to the data it is observed that patients aged greater than twenty-five are about 26 years and above seventy percent of the patient between the twenty-five and forty years [13]. The number of patients who are involved in breastfeeding is about sixty-four percent and the patients who are not involved in breastfeeding are about above twenty-two percent [14]. The weight of the patient is an average of thirty [15]. The patients weighed above thirty or equal to thirty is about thirty-nine percent and the patients weighted below thirty kg are about forty percent [16]. The patients have serum prolactin levels normal of about thirty-one and the patient serum prolactin level is high about fifty-six percent [17]. In this study, no patient involved in smoking above seventy-five percent of the patient has a breastfeeding background above forty percent of the patients felt pain in the breast [18]. Above eighty-five patients suffering from this breast, disease is present in the Hospital of Pakistan [19]. The date of this study is from July 2014 to March 2021 [20]. This breast infection is not common so only the above hundred victims had asked to report at the main centre during our analysis [21]. Patients who have given the low dose with drainage less number of patients got unexpected results [22]. Only fewer of them gain weight [23]. Some of them suffer from stomach pain after the treatment [24]. It concludes that the patient who got a low dose with drainage had low side effects and was treated perfectly [25]. All

the patients suffering from this disease above fifty percent of patients have pain in the breast [26]. And above fifty-five percent of the patient suffer from swelling and about four percent of a patient have another disease [27]. The total duration of monitoring the patients is from nine to fifty months after the cure or before the cure [28]. Above thirty percent patients undergoing surgery [29]. Above thirty percent of patients give high range of dose and low dose with the drainage given to fifteen percent of patients [30]. All these patients treated separately with proper care [31]. Majority of them show severe results with acute pain [32]. Patients with high dose cure within few days as compared to those whose dose was not high [33]. Proper care and treatment is necessary for to get rid of disease completely [34]. They applied different methods of treatment [35]. After application of these methods, positive results have seen [36]. But some patients from then show some negative effect with this dosage.

CONCLUSION:

Above the eighty percent of patients involved in this study who are suffering from this type of breast disease the time of this study is 2014 to 2021. In this study, three methods are used to cure breast disease one is the high dose second is the low dose with drainage and third is the surgery. In this study, we conclude that the method named low dose along with the drainage is a more effective method and perfect method. This method has side effects but this method is effective as compared to the other two methods. The patient who's given the high dose this method includes unexpected results including pain in the head and gas problems and its effects also include stomach pain. Of the patients whose given the low dose with drainage less number of patients got unexpected results only fewer of them gain weight and only fewer of them suffer from stomach pain after the treatment. It concludes that the patient who got the treatment low dose with the drainage have low side effects as compared to other patients.

REFERENCES:

1. Kessler E, Wolloch Y. Granulomatous mastitis: a lesion clinically simulating carcinoma. *Am J Clin Pathol.* 1972;58(6):642-6. doi: 10.1093/ajcp/58.6.642.
2. Martinez-Ramos D, Simon-Monterde L, Suelves-Piqueres C, Queralt-Martin R, Granel-Villach L, Laguna-Sastre JM, et al. Idiopathic granulomatous mastitis: A systematic review of 3060 patients. *Breast J.* 2019;25(6):1245-50. doi: 10.1111/tbj.13446.
3. Metanat S, Jobaneh YS, Noori M, Sadeghi F, Mirzapour A, Mashoori N, et al. Global

Distribution of Idiopathic Granulomatous Mastitis: A Scoping Review: IGM Global Distribution. *Archives of Breast Cancer.* 2022;9(special Issue).

4. Azlina AF, Ariza Z, Arni T, Hisham AN. Chronic granulomatous mastitis: diagnostic and therapeutic considerations. *World journal of surgery.* 2003;27(5):515-8. doi:10.1007/S00268-003-6806-1
5. Tamura Y. Granulomatous Mastitis with *Corynebacterium Infection: IGM with Corynebacterium.* *Archives of Breast Cancer.* 2022;9(special Issue).
6. Lei X, Chen K, Zhu L, Song E, Su F, Li S. Treatments for Idiopathic Granulomatous Mastitis: Systematic Review and Meta-Analysis. *Breastfeed Med.* 2017;12(7):415-21. doi: 10.1089/bfm.2017.0030.
7. Gunduz Y, Altintoprak F, Tatli Ayhan L, Kivilcim T, Celebi F. Effect of topical steroid treatment on idiopathic granulomatous mastitis: clinical and radiologic evaluation. *The breast journal.* 2014;20(6):586-91. doi: 10.1111/TBJ.12335.
8. Tekgöz E, Çolak S, Çınar M, Yılmaz S. Treatment of idiopathic granulomatous mastitis and factors related with disease recurrence. *Turkish Journal of Medical Sciences.* 2020;50(5):1380-. doi: 10.3906/SAG-2003-93.
9. Karanlık H, Ozgur I, Simsek S, Fathalizadeh A, Tukenmez M, Sahin D, et al. Can Steroids plus Surgery Become a First-Line Treatment of Idiopathic Granulomatous Mastitis? *Breast care (Basel, Switzerland).* 2014;9(5):338-42. doi: 10.1159/000366437.
10. Pandey TS, MacKinnon JC, Bressler L, Millar A, Marcus EE, Ganschow PS. Idiopathic granulomatous mastitis--a prospective study of 49 women and treatment outcomes with steroid therapy. *The breast journal.* 2014;20(3):258-66. doi: 10.1111/TBJ.12263.
11. Curtis JR, Westfall AO, Allison J, Bijlsma JW, Freeman A, George V, et al. Population-based assessment of adverse events associated with long-term glucocorticoid use. *Arthritis Rheum.* 2006;55(3):420-6. doi: 10.1002/art.21984.
12. Waljee AK, Rogers MA, Lin P, Singal AG, Stein JD, Marks RM, et al. Short term use of oral corticosteroids and related harms among adults in the United States: population based cohort study. *Bmj.* 2017;357:j1415. doi: 10.1136/bmj.j1415.
13. Aghajanzadeh M, Hassanzadeh R, Alizadeh Sefat S, Alavi A, Hemmati H, Esmaeili Delshad MS, et al. Granulomatous mastitis: Presentations, diagnosis, treatment and outcome in 206 patients

- from the north of Iran. *Breast (Edinburgh, Scotland)*. 2015;24(4):456-60. doi: 10.1016/J.BREAST.2015.04.003.
14. Akcan A, Öz AB, Dogan S, Akgün H, Akyüz M, Ok E, et al. Idiopathic Granulomatous Mastitis: Comparison of Wide Local Excision with or without Corticosteroid Therapy. *Breast care (Basel, Switzerland)*. 2014;9(2):111-5. doi: 10.1159/000360926.
 15. Akin M, Karabacak H, Esendağlı G, Yavuz A, Gültekin S, Dikmen K, et al. Coexistence of idiopathic granulomatous mastitis and erythemanodosum: successful treatment with corticosteroids. *Turkish journal of medical sciences*. 2017;47(5):1590-2. doi: 10.3906/SAG-1611-100.
 16. Altıntoprak F. Topical steroids to treat granulomatous mastitis: a case report. *The Korean journal of internal medicine*. 2011;26(3):356-9. doi: 10.3904/KJIM.2011.26.3.356
 17. Alungal J, Abdulla MC, Narayan R. Idiopathic granulomatous mastitis with erythema nodosum and polyarthrits. *Reumatismo*. 2016;68(2):97-9. doi: 10.4081/REUMATISMO.2016.844.
 18. Atak T, Sagirolu J, Eren T, Özemir IA, Alimoglu O. Strategies to treat idiopathic granulomatous mastitis: retrospective analysis of 40 patients. *Breast disease*. 2015;35(1):19-24. doi: 10.3233/BD-140373.
 19. Berkesoglu M, Dag A, Tuncel F, Ustun RO. Management of Granulomatous Mastitis Following Aesthetic Breast Surgery. *Aesthetic plastic surgery*. 2021;45(3):875-81. doi: 10.1007/S00266-020-01992-9.
 20. Binesh F, Shiryazdi M, Owlia MB, Azimi S. Idiopathic granulomatous mastitis, erythema nodosum and bilateral ankle arthritis in an Iranian woman. *BMJ case reports*. 2013;2013. doi: 10.1136/BCR-2012-007636.
 21. Nguyen MH, Molland JG, Kennedy S, Gray TJ, Limaye S. Idiopathic granulomatous mastitis: case series and clinical review. *Intern Med J*. 2021;51(11):1791-7. doi: 10.1111/imj.15112.
 22. Al Manasra ARA, Al-Hurani MF. Granulomatous Mastitis: A Rare Cause of Male Breast Lump. *Case Reports in Oncology*. 2016;9(2):516-9. doi: 10.1159/000448990.
 23. Barreto DS, Sedgwick EL, Nagi CS, Benveniste AP. Granulomatous mastitis: etiology, imaging, pathology, treatment, and clinical findings. *Breast Cancer Research and Treatment*. 2018;171(3):527-34. doi: 10.1007/s10549-018-4870-3.
 24. Benson JR, Dumitru D. Idiopathic granulomatous mastitis: presentation, investigation and management. *Future Oncol*. 2016;12(11):1381-94. doi: 10.2217/fon-2015-0038.
 25. V S, R K, Murthy VS. Multinucleate Giant Cells in FNAC of Benign Breast Lesions: Its Significance. *Journal of clinical and diagnostic research : JCDR*. 2014;8(12):Fc01-4. doi: 10.7860/JCDR/2014/9654.5256.
 26. Pala EE, Ekmekci S, Kilic M, Dursun A, Colakoglu G, Karaali C, et al. Granulomatous Mastitis: A Clinical and Diagnostic Dilemma. *Turk Patoloji Derg*. 2022;38(1):40-5. doi: 10.5146/tjpath.2021.01554.
 27. Tse GM, Poon CS, Ramachandram K, Ma TK, Pang LM, Law BK, et al. Granulomatous mastitis: a clinicopathological review of 26 cases. *Pathology*. 2004;36(3):254-7. doi: 10.1080/00313020410001692602.
 28. Helal TE, Shash LS, Saad El-Din SA, Saber SM. Idiopathic Granulomatous Mastitis: Cytologic and Histologic Study of 65 Egyptian Patients. *Acta cytologica*. 2016;60(5):438-44. doi: 10.1159/000448800.
 29. D'Alfonso TM, Moo TA, Arleo EK, Cheng E, Antonio LB, Hoda SA. Cystic Neutrophilic Granulomatous Mastitis: Further Characterization of a Distinctive Histopathologic Entity Not Always Demonstrably Attributable to *Corynebacterium* Infection. *The American journal of surgical pathology*. 2015;39(10):1440-7. doi: 10.1097/PAS.0000000000000479.
 30. Gautham I, Radford DM, Kovacs CS, Calhoun BC, Procop GW, Shepardson LB, et al. Cystic neutrophilic granulomatous mastitis: The Cleveland Clinic experience with diagnosis and management. *The breast journal*. 2019;25(1):80-5. doi: 10.1111/tbj.13160.
 31. Johnstone KJ, Robson J, Cherian SG, Wan Sai Cheong J, Kerr K, Bligh JF. Cystic neutrophilic granulomatous mastitis associated with *Corynebacterium* including *Corynebacterium kroppenstedtii*. *Pathology*. 2017;49(4):405-12. doi: 10.1016/j.pathol.2017.01.006.
 32. Naik MA, Korlimarla A, Shetty ST, Fernandes AM, Pai SA. Cystic Neutrophilic Granulomatous Mastitis: A Clinicopathological Study With 16s rRNA Sequencing for the Detection of *Corynebacteria* in Formalin-Fixed Paraffin-Embedded Tissue. *International journal of surgical pathology*. 2020;28(4):371-81. doi: 10.1177/1066896919896021.
 33. Wu JM, Turashvili G. Cystic neutrophilic granulomatous mastitis: an update. *Journal of clinical pathology*. 2020;73(8):445-53. doi: 10.1136/jclinpath-2019-206180.

34. Patel A, Sung S, Hoda SA, Westblade LF, D'Alfonso T, Rao R. Cytomorphological features of cystic neutrophilic granulomatous mastitis on ThinPrep. *Diagnostic cytopathology*. 2018;46(11):966-70. doi: 10.1002/dc.23988.
35. Li XQ, Wu HL, Yuan JP, Liu TG, Sun SR, Chen C. Bacteria Associated with Granulomatous Lobular Mastitis and the Potential for Personalized Therapy. *Journal of investigative surgery : the official journal of the Academy of Surgical Research*. 2022;35(1):164-70. doi: 10.1080/08941939.2020.1833262.
36. Li XQ, Yuan JP, Fu AS, Wu HL, Liu R, Liu TG, et al. New Insights of *Corynebacterium kroppenstedtii* in Granulomatous Lobular Mastitis based on Nanopore Sequencing. *Journal of investigative surgery : the official journal of the Academy of Surgical Research*. 2022;35(3):639-46. doi: 10.1080/08941939.2021.1921082. 50313X19836583.